

Front Desk Manual

Employee Management Resource

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1 - Overview & Responsibilities

Our Clinic Purpose

Understanding and internalizing these ideas is critical to your success at our clinic.

MISSION

Our mission is to help as many people as possible recover from health problems.

VISION

Our vision is to create and maintain a healthy, healing environment for doctors, patients, and staff in which to practice the chiropractic arts.

VALUES

- Professionalism
- Excellence
- Accessibility
- Innovation
- Patient responsibility and control
- Cleanliness
- Orderliness
- Information access

Our mission is the view from “35,000 feet.” It defines the overall landscape and the “reason why” of our existence. It is intentionally unmeasurable and general. Our mission depends on other people and organizations to be successful, so therefore requires good communication and relationship building skills.

Our vision is a little more defined. It describes what we strive to become. It is by nature larger than any single individual, so teamwork and combined efforts are critical to its success.

Our values define what we stand for and what our underlying principles are. These ideas are carried out in our procedures, our staffing, our facility, and our manuals.

General Responsibilities of Clinic Assistants

Support the doctors, therapists, and the rest of the administrative staff

Support means going the extra mile, and doing the little extras that make the operation run smoothly. It may mean gaining new skills, or working outside your typical area.

Understand and master all aspects of your position

Most of your expertise is written in your manuals. Familiarity with all forms and procedures is essential.

Contribute to clinic productivity

Understand the basics of clinic economics. Understand patient priorities and needs.

Maintain control of time and resources

Understand and prioritize your tasks. Accomplish highest priority items first.

Always maintain professionalism

This is reflected in your dress, your composure, your knowledge, your courtesy and respect shown to patients.

Offer suggestions for continual clinic improvement

These may relate to your particular job or any other aspects of clinic performance that would help improve patient capacity and clinic productivity.

Actively help promote and market the practice on a daily basis

Referral of patients to the office is expected. Many prospective patients are attuned to the staff's perception of the doctors. Many patients will refer family and friends if they are actively encouraged to do so by the CA. Help grow our practice by establishing life long relationships with our patients and encouraging patients to refer others.

Contribute to a happy and productive workplace

Excellent outcomes and satisfaction scores are only possible in a professional, productive environment.

Responsibilities to the Patient

Facilitate and streamline the patient's access to care

Many patients have barriers to receiving care, whether real or imagined. They may be financial factors, time factors, cultural factors (nobody in my family sees doctors), safety factors, or others.

Your primary task is to remove or minimize those barriers.

Greet and treat patients happily and respectfully

Treat all patients as though they are "Number 1 ". Always make the patient feel as though they come FIRST, and make them happy to return to our clinic. Use Mr. Or Ms., rather than first names, particularly for patients older than you are. If you are on the phone, make eye contact and smile when a patient walks in the door.

Promote a positive healing environment

The psychological part of healing can be helped by a pleasant, sunny attitude on your part.

Support and maintain the patient care plan and patient follow-through

Complete care plans with follow-through are essential to good outcomes and long-term patient satisfaction. Excellent follow-through begins with the doctor's recommendations, but is administered by the CA.

Maintain strict patient confidentiality

This applies to all aspects of patient information including clinical data, scheduling data, and account data. Assume that patients are sensitive about all aspects of their file, and would not like anyone else to know about their particulars.

Make the patient feel that they are in the best place for their health-care

Make all patients feel welcome at all times, and confident in their decision to make us their care provider. While we cannot provide all health services to all people, we can deliver care within our scope of practice, and guide them to the best providers outside our scope.

Offer an "open door policy" to the patient

The patient should feel that we are always readily available and able to help them.

Quickly resolve any conflicts or expressions of dissatisfaction

Be sensitive to “patient turn-off.” Write down patient complaints, and communicate them to the doctor. View this as valuable marketing information, rather than complaining!

Speak positively about patients

Patients will assume that if you criticize another patient or staff member, you will do that someday to them.

Help existing patients refer other new patients to the practice

Referrals of family and friends are how most practices sustain volume and grow. This essential item should be accomplished on a daily basis.

Personal Appearance and Hygiene

Remember that we live in a visually oriented, media drenched society. Patients will automatically use your visual appearance to make all kinds of judgements. Patients will subconsciously view you as a proxy for the clinic as a whole. (Unfair!) They will view your health and appearance as representative of what the clinic has to offer. (Unfair again!) Remember these critical points:

You're on stage

Patients in the reception room will often watch you as if you were a stage performer. Your actions, words and nuances will be watched.

Patients make subconscious judgements

Patients make judgements all the time (many times unfairly!). They will judge your relative health, your appearance and your hygiene. They will view these items as representative of the clinic as a whole.

Exercise is vital

Regular moderate exercise is your best pathway to maximizing your appearance and performance.

Professional dress and accessories

Professionalism begins with dressing the part. Modest, light colored clothing is preferable, with simple dress shoes. Black or very dark shirts are acceptable if professional in appearance. Jewelry should be limited to post earrings, a watch and a simple necklace. Makeup should be minimal, with conservative tones.

Eating and drinking

Eating and drinking (other than water) at your desk is unprofessional and should be avoided. Chewing or swallowing sounds heard on the telephone do not project the professional image you desire. In addition, food smells are incompatible with a clinic setting and should likewise be avoided.

Attitude, Excellence and Reliability

Attitude

Your attitude towards your work and towards the patients is the primary determinant of your success. It's easy to have a positive attitude when the sun is shining and everything is going well. But the true professional knows that a crucial part of her job is to get "up" and stay "up" regardless of the external circumstances. Many times your attitude will need to be consciously "tuned" before you walk in the clinic. A time-honored method is to take a minute before you get out of your car to relax and consciously release unresolved conflicts or tension. Many people can visualize surrounding themselves with a "white light" as a method of mental relaxation. Any ongoing conflicts or causes of deflated attitude should be discussed with the doctor at the weekly staff meetings.

Excellence

Excellence means going the "extra mile" for your doctors, your other staff members, and most importantly, for the patients. It means anticipating needs of the doctors, staff and patients, and fulfilling them. It also means getting the basic data points of your job right.

Reliability

Reliability means punctuality with routine patient matters, as well as with any special projects your doctor may ask you to complete. It means developing a completely honest and trusting relationship with your doctors and co-workers.

Understanding the Patient's Needs

Every patient who enters our office has something wrong with him or her.

On the face of it, this seems obvious. After all, why else would they be in a chiropractic office? But let's think about this in a more profound way. Here are some the common negative concepts that patients carry, aside from their main complaint:

- He may be concerned about a serious or terminal illness.
- She may feel unable to carry out her normal domestic duties.

- He may feel that he cannot afford to change jobs.
- She may feel embarrassed about seeking health care (!).
- He may think he cannot afford to receive care.
- Other treatment efforts may have failed, and she's starting to lose hope.
- The "last resort" syndrome. (He's tried everything else, and we're his last resort).

These are just a few examples of the fears, worries and anxieties that patients enter our office with.

They will usually not tell you about any of these. In fact, they may not even be aware of the emotional baggage that goes along with their initial injury.

Your job is not to analyze the exact cause behind grouchy or ill-tempered behavior, but rather to remember that in addition to pain and disability, most patients are carrying one or more of the negative concepts listed above. Thinking about patients as being in pain in an emotional or spiritual sense, in addition to the physical sense, will make you more understanding and compassionate towards them.

The more friendly and helpful you are towards them, the less the underlying fears and anxieties will be a factor. They will see our clinic as a place to get help, which is in harmony with our overall mission.

Remember—happy patients will want us to help them in the future, and will help our practice grow by referring others for care. The way you treat them when they are at their worst will make all the difference in how they think of us in the future.

Basic Reception and Appointment Desk Responsibilities

- Happily greeting and welcoming all patients
- Phone and contact management (new and returning patients, professional calls)
- Appointment book management
- Patient flow management (cluster booking)
- File management and record keeping
- Computer data entry
- Cash and co-pay collection
- Office production record keeping

Your primary job responsibility is to make every patient feel welcome and expertly cared for in our office. This single skill takes precedence over all others. This begins with verbally greeting every

patient using their name, and with a genuine smile. If you are on the phone when the patient enters the office, eye contact, slightly raised eyebrows, and a smile will communicate the same message. Complete this with the verbal greeting as soon as you are off the phone. Doing this single thing well will make all other jobs (including the doctor's!) easier and faster.

Think of your position as the flow regulator of the office. Excellence at your job will cause a greater flow of satisfied patients in our office, and allow us to fulfill our mission.

The other specifics outlined here are covered in more detail in later modules.

1 - Telephone and Scripts

Essential Phone Skills: Why Have a Telephone?

What is the purpose of the telephone in our office?

The purpose is for new and returning patients to schedule an appointment. New patients make the practice grow. Your goal is to turn every phone call into a patient appointment.

Every time—every time—the phone rings, you should have:

A GENUINE SMILE ON YOUR FACE!

Answering the phone with a smile has been shown to warm the tone of voice. A warm, friendly tone of voice is your first method of lightening the patient's load.

You never get a second chance to make a good first impression. Always assume that when the phone rings, a new patient is calling for an appointment! So make the patient's first impressions of your office favorable ones by taking charge of telephone procedures. Even if you are very busy or possibly handling a stressful issue, take the time to consciously approach each phone call the right way.

An essential part of your job is making your clinic and your doctor's services sound so appealing to prospective patients that they make an appointment to come into the office for an initial consultation. To do this most effectively, you must learn and internalize your scripts. Once you determine that this is, in fact a new patient, immediately enter the New Patient Intake script with accompanying form. Your communication should be clear and precise to ensure accuracy.

Maintain control of the Intake by keeping it brief and to the point. The longer the call, the less you achieve. Answer any questions posed by the patient quickly and continue with the script.

Remember that the first few seconds are the most important!

Because you are the first link between new patients and our clinic, you must be courteous and considerate at all times. Most new patients are in pain and need to hear a comforting voice. New patients will form impressions of our clinic based on their brief telephone contact with you.

Therefore, your phone skills are one of the office's most valuable tools for healing patients.

Your tone of voice is your most valuable resource in conveying a friendly, caring attitude over the telephone. Let your warm personality show through your tone and inflections, and you will see the positive results in your relations with patients. Your words are important, but your tone is critical.

Telephone Courtesy Guidelines

Telephones are so commonplace in our society, that we rarely give them a second thought. But as a front desk CA, however, your telephone is a critical piece of equipment. It's as important to you as the engine is to a race car driver. And like a race car, it must be used skillfully and professionally. Marketing research shows that poor telephone etiquette is the #1 reason for poor patient satisfaction. Follow these guidelines for establishing excellent telephone skills:

Always:

- Smile, as you think of us helping another patient.
- Follow your scripts whenever possible.
- Practice the answers to FAQ's.
- Answer the phone by the second ring. Long ring times will lead to hang-ups, irritation, or the impression that we are understaffed or indifferent.
- Devote all your attention to the caller and his needs.
- Use a headset if your equipment setup allows.
- If you use a handset, hold the handset properly: Make sure the receiver rest snugly against your ear. Keep the mouthpiece one inch from your lips, and speak directly into it.
- Ensure that your Intake is clear and easy to follow.
- Clearly enunciate your words. Greet callers,

=> Dr. Goodoc's office, this is Mary, how may I help you?
- This script should be rapid, friendly, and clearly understood.
- Use the caller's name frequently. People like to be called by name. It helps to establish the patient's identity in your mind.
- If you need to put a caller on hold, do so briefly, and with permission (see below).
- Practice handling both phone calls and the patients at your desk. It is best not to lose the caller. However, patients that are actually in your office must take precedence. It is best to ask them if they mind if you answer an incoming call. Place the incoming caller on hold (see below), and complete the transaction with the live patient. If the incoming caller cannot be placed on hold, handle the call quickly and efficiently. Thank the live patient for his patience after you are finished. Both the caller and the live patient should feel well served.

- Be helpful even if you don't know the answer to the question. If callers are asking for information that you do not know, such as clinical information or account information, say,

=> I'll get that information, and get back to you later today.
- When taking messages, always get the name, phone number, best time to call, subject.
- If the call is from another doctor, find out if it is pertaining to a patient. Say,

=> The doctor is with patients. Shall I interrupt him?

If the caller says yes, then say,

=> Shall I pull a file for him?
- Pull the file, and interrupt the doctor.
- Screen the doctor from any unnecessary calls.
- End solicitation calls politely, but quickly.

Your Tone

Your voice sounds different to you than it does to other listeners. One of the most powerful training techniques is to record a mock new patient Intake and listen for improvement cues. Do not record real new patient Intakes, as this may be an invasion of privacy!

- Use a well-modulated tone that is neither too loud nor too soft. A loud voice sounds harsh, while a soft one may not be understood.
- Speak slowly if you have a high voice. This will lower your tone.
- Don't speak too quickly or too slowly. Maintain a moderate pace to avoid confusing the listener and to avoid having to repeat things.
- Make sure your voice conveys professionalism, friendliness, and enthusiasm.
- Use tact and courtesy if you have trouble understanding the caller. Don't blame the caller by telling him he is mumbling or speaking too quickly. Say

=> I'm sorry, we must have a bad connection. Could you speak a little more loudly (or slowly) please?

Avoid

- Avoid placing the caller on hold without permission. This is insulting, and will result in hang-ups. Be sure she says, “OK” before you place her on hold.
- Avoid audible background noises in the office. Only your voice should be heard.
- Avoid clearing your throat, coughing or sneezing, chewing gum or eating while on the phone. This is offensive and unprofessional.
- Avoid giving the impression that the doctor is in for some callers, but not for others. Simply follow your scripts and learn the answers to FAQ’s, and you will avoid this trap.
- Avoid addressing callers by their first names.
- Avoid hanging up first.
- Avoid saying goodbye.
- Avoid using slang or sarcasm.

On Hold and Transfers

Being placed on hold is a common but unpleasant event in today’s society. Your goal is to minimize a patient’s time on hold to avoid irritation and hang-ups.

Follow these guidelines:

- Establish the identity of the caller. If they don’t identify themselves, say
=> May I ask who is calling, please?
- If you do not know the caller, ask for the phone number. Say
=> May I have your number, please?
- Write this on your NCR message pad as the caller speaks.
- Ask for permission to place the caller on hold. Say,
• May I place you on hold for a moment please?
- Return to the caller as quickly as possible. Say
=>Thank you for holding, how may I help you?
- If a third call comes in while the second one is being place on hold, simply repeat this process and return to the first caller.

- If the patient is calling about information that another staff member can more effectively handle, place the caller on hold, alert the other staff member as to the matter at hand, and say to the caller

=> I'm going to transfer you to Mary, who can best help you.

- Complete the transfer.
- Background music assures the patient that they have not been disconnected.
- If the patient has asked to hold while information is being checked, check back every minute to assure the patient that they are not being ignored or forgotten.
- Handle calls in the order received.
- Do not let anyone stay on hold for more than five minutes.

After Hours Messages and Emergencies

The messages on our message machine should be:

After hours:

You've reached the Goodoc Chiropractic Clinic. We are currently closed. Our normal hours are Monday, Wednesday, and Friday 8 to 6, Tuesday and Thursday 2 to 6. Please leave a message with your phone number. If this is an emergency, please call Dr. Goodoc's cell phone at 111-222-3333.

If the clinic doesn't use an emergency paging system, your message should be:

You've reached the Goodoc Chiropractic Clinic. We are currently closed. Our normal hours are Monday, Wednesday, and Friday 8 to 6, Tuesday and Thursday 2 to 6. Please leave a message with your phone number. If this is an emergency, please call 911.

If the message machine allows two messages, your second message should be:

This is Mary at the Goodoc Clinic. I've stepped away from my desk for a moment. Please leave your name and number, and I will call you right back.

For holidays, the message should be:

You've reached the Goodoc Chiropractic Clinic. We are currently closed for the _____ holiday. We will re-open Tuesday (date and time). You may leave a message for us, or, if this is an emergency, please call Dr. Goodoc at 111-222-3333.

Or

You've reached the Goodoc Chiropractic Clinic. We are currently closed for the (holiday name). We will re-open Tuesday (date and time), You may leave a message for us, or, if this is an emergency, please hang up and call 911.

Your message machine has the same importance that your voice contact does. After leaving the appropriate message, call your own machine from another location. If the quality is poor, your machine should be upgraded. Be sure your messages are current.

While listening to messages early in the morning, and after the lunch break, record all calls on the phone log. Give pertinent ones to the doctor, and take appropriate action with the others.

3 - Types of Incoming Calls

New Patient Calls

Patients will not always identify themselves as a new patient. Assume all calls are new patients until you know otherwise. Your Intake follows the New Patient Intake form. Answer any questions quickly, and return to the form.

Your primary goal is to impress the patient with your warm and caring attitude, and to schedule the patient in the office the same day. If any of the typical barriers arise, note these for the doctor to address in consultation.

Form Clarification

1. **Date:** today's date. If the doctor is not in the office, open the appointment book to the next day he will be back.
2. **When was the last time you were in to see Dr. Goodoc?** If he answers, "Never," then this is obviously a new patient. However, previous patients will sometimes not remember when they were in last. If it is greater than three years or is for a new injury, you can treat them as a new patient.
3. **What is your full name?** Only get the details if this patient has never been to the clinic. Ask
=> May I have your current address and phone numbers please?

as a polite way of updating the file. If they were recently in the clinic for a separate matter, ask
=> Are your address and phone numbers the same?
4. **Are you having a specific problem?** This gives the Doctor a general idea of their entrance complaint. You do not need to dig for specifics here, just find out the general problem, and move to the next question.
5. **Do you need help immediately?** If yes, say,
=> The Doctor will want to see you right away

and schedule the patient for the next new patient slot that day.
6. **Were you hurt while at work...** this alerts you to open a WC file, and to schedule the patient as soon as possible.
7. **Is this the result of an auto accident...** This alerts you to schedule the patient the same day, and to open a PI file.

8. **Who referred you to our office?** If that person is known to you, say

=> Yes, Karen is a wonderful person.

or a similar positive comment. You will need to send a Thank You for Referring Letter the same day the new patient calls.

9. **Scheduling** For multi-doctor offices only: If the patient asks for a specific doctor, say,

=> Do you want to schedule with Dr. Goodoc, or with the first available doctor?

If less busy doctors can be scheduled sooner, encourage the patient to be seen sooner, rather than waiting for a specific doctor.

10. Emergency or hot acute patients must be seen the same day. Non-acute patients need to be scheduled within two days. Important scheduling concept: Always give the patient two choices for their appointment. (This applies to new and returning patients) Say,

=> Would you prefer today or tomorrow? Would you prefer morning or afternoon? 3:00 or 4:30?

Two-choice scheduling is a way of controlling the appointment process and making it easier to remain on time with our regular patients. Never ask yes or no questions, such as "Is 3:00 OK?" Never ask open-ended questions, such as, "When would you like to come in?"

11. **Insurance:** Only ask this question if it is not a WC or PI case. If the patient would like insurance verification, proceed to the right side of the form, and obtain the insurance company name, policy number, and phone number.

12. **Directions:** Be certain the patient knows how to get to the office. Use your directions script to assist the patient. Offer to fax a map to the patient.

13. **Closing:** use the patient name, confirm the time and thank them for calling. Say,

=> Mr. Goodpatient, we have your 3:00 appointment confirmed for today. Please arrive at 2:45 to allow time for forms. Thank you for calling

Let the patient hang up first! End with

=> Thank you

rather than "Goodbye."

Existing Patient Calls

Calling for appointment

You must determine if this patient is calling for additional treatment for an ongoing problem, or if there is a new problem. Say,

=> Mr. Goodpatient, is this for a new problem or injury?

If yes, proceed to New Patient Intake form, item 6. If not, continue with two-choice scheduling script:

=> Would you prefer morning or afternoon? Etc.

Your end result should be to schedule the patient for a full new patient exam, a brief re-exam, or a regular office visit.

Calling with a health question

Patients will call with questions regarding their condition under treatment to our office. Your goal in this case is to determine if this patient is calling for additional treatment for an ongoing problem, or if there is a new problem (same as above). Say,

=> Mr. Goodpatient, is this for a new problem or injury?

If yes, proceed to New Patient Intake form, item 6. If not, continue with two-choice scheduling script:

=> Would you prefer morning or afternoon? Etc.

Your end result should be to schedule the patient for a full new patient exam, a brief re-exam, or a regular office visit

However, patients will also call with questions on unrelated matters. Your goal in this case is to schedule an in-office consultation with the doctor. Say,

=> Mr. Goodpatient, you will need to see Dr. Goodoc so he can help you with that. I can schedule a consultation for you. Would you prefer morning or afternoon? Etc.

Your end result here should be to schedule a consultation for the patient regarding their question. Important: never give health care advice over the phone!

Calling to reschedule or cancel an appointment

A rescheduled appointment is one changed to a different time than originally planned, but does not change or interrupt the flow of the care plan. A cancelled appointment does interrupt the flow of care, and can cause unnecessary delays in patient recovery.

Sometimes a patient does not realize that we may be able to accommodate them at a different time. Maintaining the recommended scheduling frequency is critical to maximum recovery, so it is important for you to stress this to every patient.

For R/S appointments, say,

No problem, Mr. Goodpatient, we can reschedule you at (two-choice script). Good, we'll see you at (confirmed time).

**If the patient reschedules frequently, say,
The 11:00 time doesn't seem to be working for you.
Would you prefer an earlier or a later time? 4:00 or 5:00?**

Your goal is to get the patient to R/S less frequently. Most patients view our willingness to R/s as a favor, so unless it is excessive, it's not really a problem.

For cancelled appointments (with no given reason) say,

=> Dr. Goodoc feels it is important to keep up on your treatment plan. We can re-schedule that appointment for later today. Would you prefer early or late afternoon? Etc.

Your goal here is to turn the cancelled appointment into a reschedule.

If the patient refuses to or cannot R/S, confirm their next scheduled appointment. Say,

=>Your next appointment is (date and time). We'll see you then. Have a good day.

It is important to avoid making the patient feel wrong or guilty if the cancel is rare or legitimate.

Simply go to the next appointment and continue from there.

If the patient refuses to R/S and has no further scheduled appointments, treat this as a potential incomplete patient. Find out the barrier to continued treatment. Say,

=> We're here to help you. Is there something I can help you with?

Listen and make note of the barrier. Then say,

=> I understand. Thank you for letting me know about this. I will speak to Dr. Goodoc about this. He may want to call you to discuss this. Have a good day.

Do not make the patient feel guilty. Pull the patient file with your notations for the doctor to review that day.

Remember that scheduled care is not discretionary. Following a recommended treatment plan is necessary for several reasons. It is the shortest, cheapest pathway to full patient recovery. It minimizes the chances of the condition worsening or becoming chronic. It ensures full utilization of our schedule. It allows for full attention to be given to all patients. Occasionally, there are legitimate reasons for canceling care. Your goal is to minimize these, and to convert these patients to reschedules.

Patient calling to speak to the doctor

Your goal here is to identify the nature of the patient question, and handle it yourself. If it is a health question, go to the appropriate script. If it is a scheduling question, go to the scheduling script. If it is a billing or administrative question, handle this directly with the correct script.

If it is an urgent health matter, say,

=> Dr. Goodoc is with patients right now. Do you want me to interrupt him?

If yes, say,

=> What shall I say is the problem?

Note the response in the patient file, and interrupt the doctor. If no, say,

=> What shall I say is the problem?

Note this in the patient file. Then say,

=> Dr. Goodoc will need to see you about this. We can schedule you later today. Would you prefer early or late afternoon? Etc.

Your goal is to handle as many of these calls yourself as possible without interrupting the doctor or obligating a return call. Patient with new or increasing symptoms will need to be seen in the clinic, and cannot be treated or diagnosed over the phone.

Patient calling with administrative or billing questions

These questions should be handled by you, or by the back desk CA. Handle any administrative question, such as hours, business address, etc. in a polite brief way. If the patient has a billing question say,

=> Let me transfer you to Mary at the billing desk, who can better help you.

Or

=> Let me pull your file to check on that.

Make notes in the file of any significant patient concern or question.

Your goal is to handle any patient question or concern in this area quickly and efficiently.

Other Incoming Calls

Other health care providers calling

Doctors calling in about a patient should be put through to the doctor as quickly as possible. Say,

=> Dr. Goodoc is with patients now. Do you want me to interrupt him?

If yes, say

=> Should I pull a patient file for him?

If yes, pull the file, and interrupt the doctor. If no, interrupt the doctor, with a written note saying who is calling.

Your goal is to improve patient care by increasing communication efficiency between doctors.

Vendors or solicitors calling

These calls may be frequent. Your job is to politely terminate the call as quickly as possible. Your time and attention are both valuable, and should be spent for patient benefit. Say,

=> We already have that (product or service), and we're happy with it. Thank you for calling.

Or

=> I will tell Dr. Goodoc about this. If he is interested, he will call you back.

These types of calls should never be directly forwarded to the doctor.

Personal calls for the Dr.

These types of calls can be distracting to the doctor. Say,

=> Dr. Goodoc is with patients now. Do you want me to interrupt him?

Record the call as usual on NCR call log. If yes, interrupt the doctor with the written message. If not, put the message in the doctor's in-box for later recall.

Personal calls/staff

You should not be taking any non-emergency personal calls during patient hours. Say,

=> I'll have to call you back at (time). Will that be OK?

Never discuss personal matters during patient hours. Remember the "You're on Stage" concept. If your call is of an emergency nature, handle the matter as briefly as possible, and end the call.

4 - Types of Outgoing Calls

Confirming NP and Re-exam Appointments

Any longer or more involved procedure scheduled in advance must be confirmed with the patient to reduce missed or rescheduled appointments and improve patient flow. These calls should be made during off-peak patient flow times, such as during lunch break of the previous day. Appointments scheduled for Mondays should be confirmed the previous Friday or Saturday. Leaving messages on answering machines is fine for this purpose. Say

=> Mr. Goodpatient, this is Mary calling from Dr. Goodoc's office. We're expecting you at 10:30 AM tomorrow for your examination. Have a good day.

During your initial scheduling, you gave Mr. Goodpatient directions, so there is no need to repeat it here. Do not encourage the patient to move his scheduled appointment time.

In addition, you will need to confirm appointments for infrequently scheduled patients (see Chapter 11), and "Forget-me nots," discussed later in this chapter.

Calling Missed Appointments

Controlling and reducing missed and cancelled appointments is crucial to maintaining good office flow and dynamics. If a patient misses an appointment, call 15 minutes after the scheduled time. It is best to speak to the patient, rather than an answering machine. Your goal is convert the missed appointment into a reschedule.

If you can contact the patient, say,

Mr. Goodpatient, we had you scheduled at 11:15 today for your treatment. We can see you later today. Would you prefer early or late afternoon?

Then go through your normal scheduling script. It is important not to show irritation in your tone of voice during this Intake. Rather, show concern with firmness. Realize that the patient may not know you can see him later that day.

If you get an answering machine, leave the following message,

Mr. Goodpatient, this is Mary calling from Dr. Goodoc's office. We had you scheduled at 11:15 today for your treatment. Please call as soon as you can to reschedule this appointment. Our number is 111-222-3333. Thank you.

If you cannot reach the patient 15 minutes after the missed appointment, and there is no answering machine, attempt again at the end of the day. If you cannot reschedule the patient, list him on the MA/CA form.

If the patient has a further appointment scheduled, simply wait for that appointment, confirming it the day before, using the confirming script listed above.

If there are no further appointments scheduled, give the patient 24 hours to respond. If still no response, send the Unable to Reach You letter.

Calling “Forget-me-nots”

Some patients have many kinds of problems, in addition to the ones they are seeing us for. Some patients have poor time sense, or are simply irresponsible. These types of patients may need special efforts and attention to get the desired results.

If a patient shows a tendency to “forget” appointments, or to be repetitively late, call that patient the evening before their normal appointment, the same way you would for an examination appointment.

5 - FAQ's and Further Scripts

Fees/Costs

Patient: "How much do you charge for (exams, treatment, x-rays, etc.)?"

This question usually arises during the New Patient Intake. Answer only the question asked, and return to the script. Say,

Our minimum charge for (service type) is \$58.

Answer only the question asked, and immediately return to the script. You must be familiar with the basics of the fee schedule to answer this question. Know the minimum charges for examination, x-ray, and treatment.

Appointments

Patient: *Do I have to have an appointment? ahead.*

Or *Do I have to schedule these all at the same time?*

This question usually arises during scheduling a course of care, either after the initial exam or after a follow-up exam. The basic answer is "Yes."

If the patient needs detail, the best answer is,

We like to schedule ahead so you can plan for us, and we can plan for you.

Or

Scheduling ahead will give you the most convenient times.

Both of these responses show the patient what's in it for her, and she is more likely to comply with your recommendations.

Patient: *I don't have my appointment book with me, so I can't schedule ahead.*

Or *I don't know about next week, so I can't schedule ahead.*

These responses may indicate poor planning skills on the part of the patient, or may show a lack of commitment to the recommended treatment program. Offer to call the patient at work later to fill in the schedule. If he refuses unreasonably, this file should be given to the doctor for action.

Treatment

Patient: *Do I need an examination, or can I just get a treatment?*
Or *Dr. X has already examined me, and I know what's wrong with me.*

These questions usually arise during the New Patient Intake. Say

Dr. Goodoc always examines new patients before treating

Then, resume your New Patient Intake.

Patient: *Does the treatment hurt?*
Or *Is he going to (pop, crack, twist, yank, etc.) my neck?*

These are fear-type questions, which should be answered with general re-assurance. Say,

Dr. Goodoc uses only the safest and gentlest forms of treatment.
Then resume your New Patient Intake.

Patient: *Does the Doctor know the Palmer method?*
Or *What kind of methods does the doctor use?*
Or *Where did the doctor go to school?*

These are credentialing questions. You must be familiar with the Doctor's education and experience to answer these questions. The doctor will supply you with his Curriculum Vitae to answer these questions.

If there is a particular question about a technique, ask your doctor, and add it to the list.

The generic answer is,

=> Dr. Goodoc is proficient in many methods. Which particular one do you prefer?

When the patient answers, say,

=> I'll note that in your chart

and resume your New Patient Intake.

Patient: ***"Can the doctor help (condition)?"***

For anything relating to back pain, neck pain or headaches, say,

=> Dr. Goodoc has successfully treated (condition) for (years).

Then move directly to the New Patient Intake, and begin your script.

You must be familiar with your doctor's range of conditions accepted for care. If your doctor routinely treats anything other than back, neck, or head conditions, he will provide you with a list and brief explanations of each condition. See Accepted Conditions List. If you do not know the answer, take the rest of the New Patient information, and hand the sheet to the doctor for patient callback.

Insurance/Medicare/Finances

Patient: *Do you take insurance?*
 Or *Do you bill insurance?*
 Or *Do you take Medicare?*

These are questions regarding financial barriers to new patients. These must be addressed quickly. Say,

=> We accept all insurance that covers chiropractic. We will bill them as a courtesy to you.

Or

=> We are a participating provider with Medicare. We will bill them as a courtesy to you.

Then, return to your New Patient Intake. At the designated spot, ask the patient about their specific insurance information.

6 - Appointment Book and Scheduling

Privacy/Confidentiality

All patients deserve respect for their privacy and confidentiality about their condition. Therefore, we do not use a sign-in sheet. Rather, remember the patient's names, and greet them using a smile and eye contact.

Place your appointment book or computer screen in such a way that the patient cannot see it. If the patient sees "too many" names on the schedule, they will think that they won't get individual attention. Conversely, if there are "too few" names, they will wonder why the doctor is not more popular. No matter how many patients the doctor sees in one day, some patients will feel that it is too many, and some will feel that it is too few.

Cluster Booking

Cluster booking means scheduling 2 or 3 routine (not new) patients at the same time slot, rather than sequentially. It is preferential to schedule three patients at 3:15 than one at 3:15, one at 3:30, and one at 3:45.

Cluster booking is critical to good patient flow. It also allows patients to feel more comfortable in the fact that "other people go here too." It is akin to walking into a restaurant where there are already other customers.

In addition, it allows the doctor to get into a good rhythm with patient care. It is much easier and more effective to go from patient to patient than to have lots of short breaks during the day that are too brief to accomplish anything else.

Two Choices

When scheduling programs of care, use your cluster booking concepts while using the Two Choice Script. This is the familiar

=> Would you prefer today or tomorrow? Would you prefer morning or afternoon? Etc.

This technique guides the patient into the slots that will work best for both the patient and the clinic. Use the same method when patients are calling for additional routine care.

For adults working typical hours, the preferred times are going to be as early or as late as possible. Reserve early and late treatment slots for these types of patients.

For retired patients, non-working patients, or patients with pre-school children, mid-morning and early afternoon slots will be best. Reserve these slots for these types of patients.

Designated Time Slots for New Patients, Re-exams

Use your typical Two Choice Script for new patient scheduling, as outlined earlier. The time slots you will suggest to the patient are your designated new patient slots. These are situated to avoid the first and last hour of the day. These hours should be devoted to routine treatments to treat the working adults.

Sample of Appointment Book

Use the attached Appointment Book Sample page to practice your scripts to schedule new and existing patients using cluster booking and designated slots.

7 - File Contents

List of Forms and Purpose

All files have some characteristics in common. Some types of files have special forms.

=> The basic type of file listed below is for a cash-paying patient. If the patient has insurance to bill, they will usually answer yes to the question in the New Patient Intake. Still, you should ask the patient, "Do you have medical insurance?" If yes, take a photocopy of the card, and place it in the insurance section of the file.

Labels

All files should be labeled across the bottom with an identifying sticker. In large type, this should be the patient's last name, first name, middle initial. Above that should be the unique file number and the date of birth. If the patient has a common name, a warning sticker should be placed next to the name to avoid confusion. These should be easily visible in your vertical filing system.

General Layout

In general, the file layout is that the clinical information is on the right, and the clerical information is on the left side of the file. Tabbed dividers make information access easy. If there are several pages in the same section, order them with the most recent on top.

Clinical

Medical abbreviations: this form allows other doctors and insurers to interpret hand-written notes.

This is photocopied and placed in every file.

Confidential Case History File: completed prior to the initial consultation, gives health history and details about present problem.

FRI: completed by patient prior to the initial consultation, gives number rating regarding how well she is doing. Also used with re-exams to track progress.

Consultation Notes: used by doctor during consultation to fill in details about the condition and history.

Exam Form: used by doctor in exam room to keep track of findings, initial and followup.

Radiology Report: documents x-ray findings.

X-ray Imprint Card: used during x-ray processing.

SOAP Notes: used during routine office visits to chart procedures.

Progress assessment: used to document progress on re-exams.

Reports: dictated reports following initial exams and re-exams.

Dividers: used to separate initial forms, outside medical records, SOAP notes, re-exams, dictated reports, and rehab recommendations. Chart FRI improvement on the re-exam divider after each re-exam.

Clerical

New Patient Intake: basic demographic and insurance data about the patient.

Signed HCFA: allows direct billing of the insurance company.

Signed Financial Policy: patient agreement regarding financial policies.

Dividers: initial, correspondence in/out, records request/release, Insurance correspondence. EOBs.

Balance Sheet: for offices doing manual or semi-manual billing.

Special Forms for WC

Patients injured on the job have full insurance coverage for any related diagnostic test. Employers must carry industrial insurance on all employees except corporate officers.

Until the claim is accepted, DLI or the self-insurance agency is not obligated to pay for treatment. Most claims are straightforward, and are not contested. In any case, the diagnostic portion will be paid, even if the claim is rejected. If a claim is already open, have the patient complete a Request to Transfer Care form. Use the assigned claim number in correspondence to the insurance carrier.

WC Clerical Forms

If the employer is self-insured, use a SIF30 worker's comp form. If the employer is not self-insured, that means that the State of Washington insures them. In that case, use the standard L&I injury report form. These two forms convey the same information in different formats. If you are unsure if the company is self-insured, call the HR department of that company. A list of self-insured companies can be obtained from L&I.

Special Forms for PI

PI cases require the Accident Report form. This form describes the accident, what was done afterwards, etc. It also gives the insurance and attorney information for billing and reporting purposes. The patient signs a Records Release Form to obtain any pertinent records from other providers. An Attorney's Lien form is sent to the attorney for signature, if the patient has one.

8 - First Visit Procedure

Rapport

The first and most important step is to build rapport with the new patient. Remember that he is in pain, and probably carries one or more of the barriers discussed earlier. Your bearing is professional, friendly and helpful. Even if you are new to the job, you must make the patient feel welcome and in good hands. This always starts with a smile and eye contact. Remember to use his name, and to address him as Mr. Goodpatient. If he asks you to call him by his first name, then follow his wishes.

Building rapport is like depositing money in the emotional bank account. It is something you must do briefly, but regularly. The basics of smile, eye contact and name use must be repeated every time the patient re-visits the office. If you neglect this simple act, the patient will quickly feel ignored or taken for granted. Deposits in the emotional bank account will give you some leeway with the patient. If they know you really care, they will forgive slight inconveniences, such as having to wait to be treated.

File Construction

You should always have a minimum of 20 blank files of the three types available. Replace these as needed according to the new patient volume.

Forms Completion

Say,

=> Mr. Goodpatient? (smile, eye contact) You're right on time. There are a few forms you need to complete before Dr. Goodoc can see you.

Hand him a pen and a clipboard with the Patient History form and the FRI. If this is a WC or PI case, give him the additional forms special to these cases.

Say,

=> Please have a seat over here (gesture to a close-by chair), and give these back to me when you are finished.

Watch him to be sure he's getting through the forms. If he's not done in 10 minutes, say,

=> Do you need any assistance with the forms?

Upon the completion of the health forms, make sure that they are in fact complete and signed. If he missed anything, politely ask him to complete it.

When he is complete, hand him a blank HCFA (if there is an insurance company to bill), highlighted at box 12 and say,

Please sign here. This will allow us to bill your insurance company directly.

Then hand him a copy of the Financial Policy sheet, highlighted at the appropriate level. Say,

This summarizes our financial policy. Please read it and sign the bottom.

After he has completed all forms, say,

Please have a seat Mr. Goodpatient. Dr. Goodoc will be right with you.

Assemble the file with the completed clerical forms. Put the Consultation Notes, Patient History, the FRI, and an X-ray Imprint Card on a clipboard for the doctor. Notify your doctor that the new patient is ready.

Collection of Fees

If there is an insurance company to bill, and you have not already done so, verify the benefits while the patient is in exam.

After the consultation, examination and x-ray, the doctor will escort the patient to the front desk.

For cash or insurance patients, you will need to collect money the first day.

For cash patients, say,

=> You had an examination of your spine, which was 117, and a five view x-ray series, which was 205 for a total of 323. (It's better to say numbers rather than dollars). Will that be cash, check or credit card

If they say cash or check, immediately begin writing out a receipt while they are writing a check or counting cash. Process a credit card on your manual or electronic machine. This will serve as a receipt.

For insurance patients, say,

=> Your insurance requires a \$20 co-pay (or whatever the correct amount is). Will that be cash, check or credit card?

If they say cash or check, immediately begin writing out a receipt while they are writing a check or counting cash. Process a credit card on your manual or electronic machine as above.

If the insurance contract pays a percent of the U&C (usual and customary) charges, say, “Your insurance will pay about 85% of your bills.

=> You had an examination of your spine, which was 117, and a five view x-ray series, which was 205 for a total of 323. Your portion will be 64. Will that be cash, check or credit card?

Begin writing out a receipt or processing a credit card as above.

If the patient has a deductible, the insurance company will usually require that they process the bill before this is collected, so the patient does not pay two deductibles. Tell the patient this by saying,

=> Your insurance has a deductible. We’ll know how much you’ll owe after the insurance processes the first bill.

If the insurance is a form of managed care, it is imperative that all administrative rules be followed.

Bills will usually be denied if they are submitted late, or without a pre-authorization, etc. Follow the specific rules of the managed care company in this case. Most MCO’s require collection of co-pay at the time of service, as they believe this discourages using doctors!

If the patient is WC or PI (PIP or Med-pay), the insurer will pay all costs, so no front desk collection is necessary.

Some Tips about Collecting:

Most patients expect to pay fees when they visit the doctor. The days of insurance covering everything are long gone. Do not feel awkward or strange about collecting fees from the patient.

Simply proceed with the scripts, and expect the patients to comply. If the patient cannot pay the entire amount, say,

=> Can you make a partial payment?

If yes, suggest half of the owed amount. Then say,

=> Thank you. You can pay the rest tomorrow at your next visit.

It is important that we do not allow the patient to owe us significant sums of uninsured fees.

Patients who are in this situation will feel guilty, and will unnecessarily discontinue treatment. This can be handled best at the first visit by sticking to our policy, and collecting patient fees the first day.

The next step is to schedule the Report of Findings. This should be scheduled for the next day, unless the doctor instructs you otherwise. Always complete your financial transactions prior to scheduling the report.

ROF and Program of Care

The Report of Findings is the doctor's explanation to the patient about the cause of their problem, and the proposed treatment plan. After giving the patient this report, the doctor will begin treatment. The treatment plan will be on the SOAP notes (or the fee slip). The abbreviations used refer to how many times per week, and for how many weeks the treatment will last.

For example, "3x4, re" means 3 treatments per week for four weeks, followed by a re-exam. "3x2, 2x2, re" means three times a week for two weeks, then twice a week for two weeks. The doctor will note if any other services will occur, such as special x-rays, lab tests, massage, or rehabilitation. It is important to always schedule a re-exam at the end of a course of treatment. This allows good outcome measurements, and ensures that the patient is getting proper care.

First, collect any fees for today's services. Say,

=> Your co-payment for today is \$20. Will that be cash, check or credit card?

Handle this with the same matter-of-fact attitude as on the first visit.

Then, you will be scheduling the patient for a program of care. The patient will know what is expected, because the doctor will have outlined this in the Report of Findings.

Say,

=> You will need to see us three times a week for four weeks, followed by a re-exam. Treatments take about ten minutes. Do you prefer morning or afternoons?

then go through your normal two-choice script. Attempt to schedule the patient at the same time on all of their treatment days. This will cut down on re-schedules, cancels and misses.

After you agree on a schedule, write the dates and times on the appointment slip, and hand it to the patient. Finish the visit by saying,

=> Thank you Mr. Goodpatient. Your next appointment is Thursday at 11. If you have any questions, please be sure to ask.

Remember to make eye contact and smile during patient communications.

Enter the scheduled visits and re-exam into the appointment book. Note the date of next visit to the right side of the patient's name.

Posting Fees

Take the patient's fee slip and put it on the spike for later posting. If you are posting directly from the SOAP notes, post the fee information into your software or onto the manual day sheet. Posting of the morning patients should be done during the doctor's lunch break. Posting of the afternoon patients should be done at the close of business.

9 - Routine Office Visits

The majority of the patient visits will be for therapeutic office visits. This will be for adjustments only, or along with adjunctive procedures, such as massage, rehabilitation, or therapy. Your doctor will note the specific procedures to be performed on the SOAP notes or fee slip prior to the visit.

Rapport

Your first job, as always, is to make another deposit into the “emotional bank account” of the patient. Use of the patient’s name, a smile, and eye contact are a must on every visit. Be sensitive to any patient “turn-offs.” If the patient complains about anything, be sure to address it yourself, or report it to the doctor for action.

Routing Patients

Hand the patient his file with a clip (and the fee slip), and say.

=> Mr. Goodpatient, will you please go to room 3, and put this file in the plastic holder outside the door? Thank you.

When the room 3 clip is out, you will know that room is occupied.

Collect Fees

If the patient is cash or co-pay, collect the fees at the end of the visit. Say,

=> Your co-payment for today is \$20. Will that be cash, check or credit card?

Follow the same procedures as before. The patient will soon become conditioned to paying each time, and will not need to be asked.

Re-confirm Next Appointment

Ensure good follow-through by saying,

=> Mr. Goodpatient, your next visit is Friday at 4:30. We’ll see you then.

With this reminder, the patient will be less likely to miss, or may reschedule, due to a conflict right then, rather than calling at the last minute.

Posting Fees

Take the patient's fee slip and put it on the spike for later posting. If you are posting directly from the SOAP notes, post the fee information into your software or onto the manual day sheet. Posting of the morning patients should be done during the doctor's lunch break. Posting of the afternoon patients should be done at the close of business.

10 - Re-examination

Rapport

Your rapport building skills should be used during the re-exam appointment, just as during the routine office visit. The only difference is that today's visit will involve some measurement of improvement.

Forms and Routing

Say,

=> Today's re-exam will let us measure how much you've improved.

Then hand the patient a clipboard with the FRI and the Progress Assessment form. Say,

=> Please complete these forms, and return them to me.

These forms are brief, and should take no more than 2-3 minutes.

Upon completion, score the FRI, and record it on the Re-Exam Divider sheet. Place the Progress Assessment form an X-ray imprint card, and an Examination form on a clipboard. Say to the patient,

=> Mr. Goodpatient, please go to room 2 and place your folder in the plastic holder next to the door. Thank you.

Collect Fees

Fee collection happens in the same manner as all previous visits. If the patient has gotten behind on any payments, now is the time to catch up.

Confirm Next Patient Action

The doctor will write instructions regarding the next course of care for the patient.

If the patient is to continue treatment, schedule using the same script as before. Write the new series of dates and times on an NCR slip for the patient, and transcribe it into the appointment book.

=> If the patient is to be referred for a service outside our office, make the recommended appointment right away. Call the outside doctor's office, saying,

=> This is Mary from Dr. Goodoc's office. We'd like to schedule Mr. Goodpatient for a lumbar MRI. How soon can you see him?

Co-ordinate schedules with the patient and note the date and time on the Imaging log.

If the patient is to be discharged, schedule him for a report the next day. Say,

=> Mr. Goodpatient, Dr. Goodoc will see you for a consultation.
(Two-time script).

Closing

As always, confirm the next date and time the patient is to be in our office. Say,

=> Your next visit is tomorrow at 3:00. We'll see you then.

Posting Fees

Take the patient's fee slip and put it on the spike for later posting. If you are posting directly from the SOAP notes, post the fee information into your software or onto the manual day sheet. Posting of the morning patients should be done during the doctor's lunch break. Posting of the afternoon patients should be done at the close of business.

Reporting

The file must be routed to the doctor for dictation and transcription. Follow the same procedure as with the new patient. Be sure the progress reports are faxed to the PCP and any other provider involved in the patient's care.

11 - Discharge of Patient

Types of Discharge

The end points of care for patients who complete their programs fall into one of three categories:

- Complete discharge
- Release to p.r.n., or “as needed” care
- Release to scheduled supportive care

Patients who disappear, or fail to follow advice are terminated from care with DC AMA notation of their files, meaning, “discontinued against medical advice.”

Fee Collection

First, as usual, collect outstanding fees owed by the patient. It is your goal to have a zero balance (the part owed by the patient) by the last date of service. Say,

=> Your co-payment for today is \$20. Will that be cash, check or credit card?

Or, if the patient has accumulated a balance, say,

=> Mr. Goodpatient, your remaining balance is \$134. Will that be cash, check or credit card?

Closing Scripts

The type of discharge will be written in the patient’s SOAP notes. The doctor will talk to the patient, explain recommended home care, and talk about future health care options.

For patients who get a complete discharge, say,

=> It was a pleasure helping you Mr. Goodpatient. Please call us for any need you may have in the future.

For patients who are released to PRN care, say,

=> Mr. Goodpatient, today is your last scheduled visit. The doctor is releasing you to as needed care, so please call us when you feel the need. We will be calling you in (three six twelve) months for a check-up exam. It’s been a pleasure to help you.

The interval until the next exam will be noted in the patient chart.

For patients who are released to scheduled supportive care, say,

=> Mr. Goodpatient, the doctor is going to spread out your scheduled visits. We'll plan to see you every (two four six eight) weeks. Please call us in the meantime if something goes wrong.

The recommended interval will be noted in the chart.